

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. <sup>186</sup> 520

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 924 Pre Road St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Cecilio Montoya

{ If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

## 5. Legitimate?

## 7. Date

of birth Nov-21-1928  
Month Day YearMale

5. No., in order of birth \_\_\_\_\_

yes

## 8.

## FATHER

## Full name

Mmanuel Montoya

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami  
Arizona

## 10. Color or race

Mex.11. Age at last birthday 34 (Years)

## 12. Birthplace (city or place)

(State or country)

Sonora  
Mex

## 13. Occupation

Nature of industry

Miner

## 14.

## MOTHER

## Full maiden name

Francisca Chavarria

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami  
Arizona

## 16. Color or race

Mex.17. Age at last birthday 21 (Years)

## 18. Birthplace (city or place)

(State or country)

Chihuahua  
Mex.

## 19. Occupation

Nature of industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child).

## (a) Born alive and now living

## (b) Born alive but now dead

## (c) Stillborn

## 21. Were precautions taken against ophthalmia neonatorum.

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 p.m. on the date above stated.  
(Born alive or stillborn)

## Signature

Cyril M. Brown M.D.  
Physician

(Physician or midwife).

{ \* When there was no attending physician  
or midwife, then the father, householder,  
etc. should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Given name added from  
a supplemental report

Month, day, year

## Address

Miami, Arizona

## Filed

Jan 2, 1929

## Registrar.

## Registrar.

341-1121-631